

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/
2		/					52	/
3		/					53	/
4		/					54	/
5	/						55	2
6		/					56	2
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14	/						64	
15		/					65	
16	/						66	
17	/						67	
18	/						68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29		/					79	
30	/						80	
31		/					81	
32		/					82	
33		/					83	
34		/					84	
35	/						85	
36	/						86	
37	/						87	
38	/						88	
39		/					89	
40		/					90	
41		/					91	
42		/					92	
43		/					93	
44		/					94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49		/					99	
50		/					100	
TOTAL IND.							TOTAL IND.	B
TOTAL DEP.							TOTAL DEP.	45
TOTAL CLAIMS							TOTAL CLAIMS	58